

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-005700

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 72 Primary Registration District No. 4134 Registrar's No. 43

STATE FILE NUMBER

1. PLACE OF DEATH **FILED MAR 5 1963**a. COUNTY **Cley**b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Smithville, Mo.**Length of stay in lb
24 hrs.c. CITY
OR TOWN **Deerborn**Inside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Smithville Hosp.**Inside Limits
Yes ☒ No ☐d. STREET ADDRESS
(If outside, give location)Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First **MYRTLE**Middle **M**Last **CURTIS**4. DATE
OF DEATH

Month

Day

Year

FEB. 23, 19635. SEX
Female6. COLOR OR RACE
White7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
Aug. 20, '919. AGE (last birthday)
71IF UNDER 1 YEAR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Housewife10b. KIND OF BUSINESS OR INDUSTRY
--11. BIRTHPLACE (City and state or country)
Deerborn, Mo.12. CITIZEN OF WHAT COUNTRY
USA13a. FATHER'S NAME
William B. McInturf
George Curtis13b. MOTHER'S MAIDEN NAME
Anne Stefford14. NAME OF HUSBAND OR WIFE
George Curtis15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no16. SOCIAL SECURITY NO.
[REDACTED]17. INFORMANT
Address
Rosemary Crum, Deerborn, Mo.18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary EdemaINTERVAL BETWEEN
ONSET AND DEATH
few hoursConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Myocardial Insufficiency

DUE TO (c)

pneumonia + influenza**2 weeks**PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **2-22-63** to **late** and last saw her alive on **2-23-63**
Death occurred at **10** **P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Burial**2/26/63****Deerborn****Deerborn, Missouri**

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Vaughn & Aufreng, Deerborn, Mo.**2-26-63****Marguerite Hudgens**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/591 **6000**2 **0830**3 **2**4 **1**5 **2**

6

7 **0**8 **0**9 **480X**

10

11

12 **4-0**13 **2-0**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. R. Vaughn
Licensed Embalmer No. 4023

P. O. Address Weston, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.